DYSPHAGIA IN CANCER PATIENTS: COMMON, DANGEROUS, UNDER-DIAGNOSED

INTRODUCTION

• Dysphagia associated with:
  ➔ Aspiration pneumonia
  ➔ Increased mortality
  ➔ Malnutrition
  ➔ Reduced quality of life

• Dysphagia prevalence unknown in mixed solid tumours

OBJECTIVES

• Examine dysphagia prevalence across cancer trajectory
• Identify dysphagia predictors
• Measure impact on:
  ➔ Eating and drinking
  ➔ Quality of life (QoL)

METHODOLOGY

• 385 participants by consecutive sampling from:
  ➔ Settings: Acute hospital, hospice
  ➔ Teams: Medical oncology, radiation oncology, supportive care
  ➔ In-patients, out-patients, oncology day ward, day hospice

• Dysphagia screened by:
  ➔ Eating Assessment Tool¹
  ➔ Empirical Questionnaire

• Dysphagia evaluated by:
  ➔ Cranial nerve exam
  ➔ Mann Assessment of Swallowing Ability²
  ➔ Oral Health Assessment Tool³
  ➔ Structured qualitative interview

CONCLUSIONS

• Undiagnosed dysphagia prevalent
• Linked with decline in cognition, functional status, QoL
• High-impact symptom per participants
• All patients should be screened and managed appropriately

RESULTS

Dysphagia Prevalence

- Overall: 19%
- Hospice: 32%
- Supportive Care: 30%

Dysphagia undiagnosed prior to screening: 88%
Needed management to prevent adverse effects: 71%
Participants reported:
  ➔ Dry mouth a major contributing factor
  ➔ Fear of eating, drinking, swallowing

Dysphagia Predictors (univariate logistic regression)

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<thead>
<tr>
<th></th>
<th>p</th>
<th>Odds Ratio</th>
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</thead>
<tbody>
<tr>
<td>Cognitive impairment</td>
<td>0.03</td>
<td>2.46</td>
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<tr>
<td>Dyspnoea</td>
<td>0.003</td>
<td>2.2</td>
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<tr>
<td>Hospice Care</td>
<td>0.002</td>
<td>2.57</td>
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<tr>
<td>More comorbidities</td>
<td>0.001</td>
<td>1.2</td>
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<tr>
<td>Supportive Care</td>
<td>0.004</td>
<td>2.27</td>
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<tr>
<td>Worse ECOG-PS</td>
<td>&lt;0.001</td>
<td>-</td>
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<tr>
<td>Worse QoL</td>
<td>0.002</td>
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</tbody>
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Included

- Adults (18+)
- Confirmed solid tumour diagnosis
- Understands, speaks English

Excluded

- Unsuitable per referrer
- Haematopoietic cancer
- Head, neck, upper GI cancer